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Acute kidney injury in the post-operative of coronary artery bypass surgery

Wellington Luiz de Lima, Marcia Cristina da Silva Magro and Tayse Tamara da Paixao Duarte
University of Brasilia, Brazil

Objective: To identify and staging of acute kidney injury (AKI) in the post-operative period of coronary artery bypass surgery.

Methodology: Prospective, longitudinal, quantitative study developed in an intensive care unit (ICU). The Kidney Disease: Improving Global Outcomes (KDIGO) classification was used. The results were expressed in absolute and relative frequency. The analysis of categorical variables was performed using Fisher's exact test and chi-square test. P-values <0.05 were considered significant.

Results: Among the 57 patients, the age was 63 ± 9 years, with 54.4% female, a body mass index (BMI) of 29.7 ± 5.23 kg/m². 98.2% of the patients evolved with hospital discharge with a time of 4.9 ± 8.8 days of ICU stay. The use of extracorporeal circulation was predominant (96.5%) with extracorporeal circulation time of 93 ± 29 minutes. According to the KDIGO classification, 78.9% presented kidney dysfunction. In the urinary flow criterion, 38.6% focused on the risk stage, 17.6% were stratified at the stage of kidney injury and only 1.8% fit into the stage of kidney failure. According to the serum creatinine criterion, 49.1% were identified in the risk stage, 5.3% in the lesion and 1.8% in kidney failure. There was a significant relationship between age ($p = 0.05$), BMI ($p = 0.02$), extracorporeal circulation time ($p = 0.05$) and AKI development.

Conclusion: Most patients focused on stage 1 of renal impairment. Age, BMI and CPB time was association to AKI.

Biography

Wellington Luiz de Lima is a specialist in intensive care unit. He is pursuing his Post Graduate Program in Nursing at the University of Brasilia, with a study on acute kidney injury. He has published in the last years several works in the area of acute kidney injury.

wellingtoncaracui@gmail.com

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